

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS666HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/12/2009
NAME OF PROVIDER OR SUPPLIER U M C OF SOUTHERN NEVADA		STREET ADDRESS, CITY, STATE, ZIP CODE 1800 WEST CHARLESTON BLVD LAS VEGAS, NV 89102		
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S 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of a state licensure complaint investigation survey conducted at your facility December 7 and 8, 2009, and an off-site follow-up on December 12, 2009.</p> <p>The survey was conducted in accordance with Nevada Administrative Code (NAC) 449, Hospitals, last adopted by the Nevada State Board of Health November 17, 2005.</p> <p>The following complaint was investigated: Complaint #NV00024084 was substantiated.</p> <p>The census on the first day of the survey was 386 patients.</p> <p>Twenty-eight clinical records were reviewed.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified.</p>	S 000		
S 046 SS=E	<p>NAC 449.313 Operating Budget</p> <p>8. The governing body is responsible for the services furnished in the hospital, regardless of whether the services are furnished by staff or pursuant to contracts, The hospital shall maintain a list of contracted services which includes the scope and nature of the services provided. This Regulation is not met as evidenced by: Based on interview, the facility failed to maintain</p>	S 046		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 046	Continued From page 1 an effective governing body which was involved in and responsible for the security of medical records. Findings include: Interview on 12/7/09 and 12/8/09 with the Chief Operating Officer (COO) and the Chief Nursing Officer (CNO) revealed the facility did not take measures to address the data breach to the Governing Body. The COO and the CNO indicated the Governing Body would only become involved in clinical matters, and not be approached with issues regarding medical records. The COO further indicated that as of 12/8/09, there was no plan on the agenda for the next Governing Body meeting for the medical records breach to be presented to the members of the Governing Body. On 12/7/09, interview with the Privacy Officer and the CNO indicated there have been 2 prior incidents in the past year in which data breaches occurred. The CNO provided documentation that these breaches were investigated and resolved, however, the CNO indicated that these incidents were not communicated to the Governing Body. Severity: 2 Scope: 2	S 046		
S 064 SS=E	NAC 449.3152 Quality Improvement Program 3. All services related to patient care, including services furnished by a contractor, must be evaluated by the committee. This Regulation is not met as evidenced by: Based on interview, the facility failed to maintain an ongoing quality assessment and performance improvement program involving the hospital's	S 064		

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S 064	<p>Continued From page 2</p> <p>medical records department and unauthorized release of patient records.</p> <p>Findings include:</p> <p>Interview with the Chief Operating Officer (COO) and the Chief Nursing Officer (CNO) on the afternoon of 12/7/09 at 3:00 PM revealed the facility did not take measures to address the data breach to the Quality Assessment and Performance Improvement (QAPI) Program officers. The CNO indicated the QAPI Members would only become involved in clinical matters, and not approached with issues regarding medical records, further stating, "I can't recall these issues ever going to PI (Performance Improvement)." The CNO verified that the Privacy Officer was not involved with the QAPI meetings.</p> <p>Interview on 12/7/09, in the afternoon with the Director of Medical Records revealed that the data breach of the medical records was not addressed at the QAPI Meetings. The Director of Medical Records stated, "There are monthly PI meetings. If something happens between meetings we wait for the next scheduled meeting to put it on the agenda."</p> <p>On 12/7/09, interview with the Privacy Officer and the CNO indicated there have been 2 prior incidents in the past year in which data breaches occurred. The CNO provided documentation that these breaches were investigated and resolved; however, the CNO indicated that these incidents were not communicated to the QAPI Officers.</p> <p>Severity: 2 Scope: 2</p>	S 064			

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S 318	Continued From page 3	S 318		
S 318 SS=G	<p>NAC 449.3626 Rights of Patient</p> <p>A governing body shall develop and carry out policies and procedures that protect and support the rights of patients as set forth in NRS 449.700 to 449.730, inclusive.</p> <p>This Regulation is not met as evidenced by: Based on observation, interview, and document review, the facility failed to ensure confidentiality of patient records.</p> <p>Findings include:</p> <p>Interview with the Chief Nursing Officer and the Director of Medical Records on 12/7/09, in the afternoon, revealed the facility initiated an internal investigation and completed a root cause analysis ("Data Breach Analysis" - undated), and a Data Breach Management team meeting was conducted on 11/24/09, which indicated the following:</p> <p>"Where did the Breach Occur? UMC (University Medical Center) Trauma...</p> <p>...Date reported: 11/18/09...</p> <p>...Other Results or Corrective Actions: 'Data Breach Team Meeting convened 11/24/09 at 11:00 AM in Conference Room I/J. Investigation is being conducted by FBI (Federal Bureau of Investigations), UMC is reviewing current practices and safeguards to identify what changes can be implemented. Actions taken to date: (Bureau of Health Care Quality and Compliance (BHCQC) Note: There was no indication of the dates of implementation of these actions.)</p> <p>...2. A copy of face sheets from Standard Register for all Trauma patients admitted on 10/31/09 and 11/01/09 was compiled by PAS Operations Manager, provided to Audit staff.</p>	S 318 S 318		

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S 318	<p>Continued From page 4</p> <p>3. Audit staff reviewed the audit logs in Standard Register for all motor vehicle and motorcycle patients.</p> <p>4. All patients, guarantors, spouse/parent, relative/other identifiers were listed with addresses.</p> <p>5. Directors of Trauma Services and Public Safety conducted a physical review of the Trauma areas...</p> <p>...8. Assistant Chief Information Officer provided a list of all users with access to Standard Register.</p> <p>Actions to be taken: (BHCQC Note: There was no indication of the target implementation dates of these actions.)</p> <p>-Xerox machines - The use of specific user codes will be required to operate...</p> <p>...-Review current number of face sheets provided for admit type, verify minimally needed are printed.</p> <p>-Mask all Social Security Numbers in Standard Register, then progress to all other electronic systems containing the SSN (social security numbers).</p> <p>-Review current users with access to MS4 Account inquiry to confirm legitimate business need, revise as necessary...</p> <p>...-Secure Trauma Registration area with a door control and a lock for the cabinets used to store patient information..."</p> <p>There was no evidence the facility took action following identification in the Data Breach Analysis to:</p> <ul style="list-style-type: none"> - Secure the Trauma Unit Registration Unit with a door control and cabinet lock (surveyor observation); - Secure the Xerox machines (surveyor observation); - Verify the minimal number of face sheets 	S 318			

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S 318	<p>Continued From page 5</p> <p>necessary to be printed (interview with Chief Operating Officer (COO) and Chief Nursing Officer (CNO));</p> <ul style="list-style-type: none"> - Mask the social security numbers (interview with COO and CNO); and - Confirm legitimate business need for current users with access to the computer systems which contain patients' private health information (interview with COO and CNO). <p>Interview 12/7/09</p> <p>Interview on 12/7/09, in the afternoon with the Director of Medical Records indicated that it was the general practice of the Trauma ER (Emergency Room) registration clerk to print out between 3 to 5 face sheets upon admission to the emergency room. Upon questioning why at least 6 face sheets were missing from the original 28 patient charts reviewed by the surveyors, the Director of Medical Records stated, "It's not uncommon. They come up missing all the time. If the face sheet isn't in the bucket with the rest of the packet, medical records just prints another one when they reconcile the whole chart. They print out about three to five record face sheets when the packet goes to different doctors and departments. Sometimes they pull the face sheets with all the information because it's easier and has all the patient's information. Any one of the nurses or UMC staff can pull the face sheet."</p> <p>Interview / Observation 12/8/09</p> <p>On 12/8/09, in the afternoon from 2:30 PM until 3:30 PM, during tour of the Trauma Emergency Room Unit, the Adult Services Emergency Room Unit, and the Department of Medical Records with the Director of Trauma Services, there were</p>	S 318		

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S 318	<p>Continued From page 6</p> <p>inconsistent responses by staff regarding where the Trauma records were stored and when they were moved.</p> <p>1. Trauma Emergency Room:</p> <p>A registration clerk indicated there were generally 4 copies of the face sheets printed at the patient's admission to the unit. The clerk stated, "Four are printed out normally, but more as necessary for the number of doctors. We can always print out more if needed. Once a face sheet leaves here, it can go anywhere."</p> <p>The same registration clerk indicated that the patients' packets of records were picked up by admitting office clerks at 3:00 AM each day: "Around three in the morning we have an office clerk pick up everything there and bring it to the bucket. The bucket is then taken to the Adult ER."</p> <p>The registration clerk indicated that there were loose copies of the patients' face sheets stored in an unlocked cabinet near the door and accessible to staff entering and leaving the registration office.</p> <p>2. Adult Services Emergency Room:</p> <p>Upon tour, the Director of Trauma Services indicated he did not know whether the Trauma ER patient records were collected and stored in the same bucket as the Adult Services ER patient records.</p> <p>The registration clerk indicated there were loose copies of the patients' face sheets stored in an unlocked cabinet in the registration office.</p>	S 318			

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S 318	<p>Continued From page 7</p> <p>3. Department of Medical Records:</p> <p>Upon tour of the Department of Medical Records, staff indicated they did not know whether the Trauma ER patient records were collected from and stored in the same bucket as the Adult Services ER patient records.</p> <p>Additionally, interview regarding the specific flow of the collection, transfer, and storage of the Trauma ER patient records and the Adult Services ER patient records revealed there was no consensus by department supervisors regarding the time, days, and title of the persons in the Medical Records Department who would collect the patient records. One staff member stated that the Trauma ER patient records were brought to the Medical Records Unit on Mondays. Another staff member stated she was unsure as to the days and times in which the patient records were collected and transferred to the Medical Records Unit, and only knew the process once they were received in the unit. A third staff member indicated she did not know where the patient records from the Trauma ER were located (as of 3:00 PM on 12/8/09), stating, "I don't know where the records are from the seventh. I don't have them."</p> <p>Interview:</p> <p>Telephone calls were initiated on 12/12/09 for 28 of the sampled patients, between the hours of 9:05 AM and 1:17 PM, to interview patients treated in the emergency departments at University Medical Center (UMC) between 10/31/09 and 11/1/09 (facility identified dates of breach, see above).</p> <p>Twelve patients and/or representatives of the</p>	S 318			

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S 318	<p>Continued From page 8</p> <p>patients were available for interview. One of the twelve patients, who was represented by the spouse, indicated a breach of medical records.</p> <p>Patient #4 was contacted on 12/12/09 at 9:30 AM (represented by the spouse). Patient #4 and the spouse did receive a telephone call from the Las Vegas Sun per the interview. The spouse indicated approximately two days following Patient #4's treatment at UMC (11/3/09), the spouse was contacted by the Las Vegas Sun and told that they had a copy of Patient #4's record and a copy of the spouse's record.</p> <p>The spouse further indicated that the information about the spouse's record was confusing, because the last time the spouse was in UMC was approximately two years ago. The spouse mentioned that (the spouse) immediately contacted UMC to inquire into both the patient's and the spouse's records, which they further indicated that they were unaware that the records were missing or had been released to the media.</p> <p>The spouse further indicated that UMC returned the call after two or three days after the initial call to them and informed the spouse that they will investigate the allegations of their medical information in the possession of the Las Vegas Sun. The spouse added that these events were all within a one week period of time.</p> <p>During the interview, Patient #4's spouse denied receiving any unsolicited calls from lawyers or any other follow-up calls from UMC (after the final contact when they informed the spouse of their initiation of an investigation).</p>	S 318		

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S 318	Continued From page 9 Severity: 3 Scope: 1	S 318		
S 514 SS=E	<p>NAC 449.379 Medical Records</p> <p>5. A hospital must have a procedure for ensuring the confidentiality of the medical records of its patients. Information from or copies of medical records may be released only to authorized persons, and the hospital shall ensure that unauthorized persons cannot gain access to or alter the medical records of its patients. Original medical records may be released by the hospital only in accordance with state or federal law, court orders or subpoenas.</p> <p>This Regulation is not met as evidenced by: Based on observation, interview, and document review, the facility failed to ensure confidentiality of patient records.</p> <p>Findings include:</p> <p>Interview with the Chief Nursing Officer and the Director of Medical Records on 12/7/09, in the afternoon, revealed the facility initiated an internal investigation and completed a root cause analysis ("Data Breach Analysis" - undated), and a Data Breach Management team meeting was conducted on 11/24/09, which indicated the following:</p> <p>"Where did the Breach Occur? UMC (University Medical Center) Trauma...</p> <p>...Date reported: 11/18/09...</p> <p>...Other Results or Corrective Actions: 'Data Breach Team Meeting convened 11/24/09 at 11:00 AM in Conference Room I/J. Investigation is being conducted by FBI (Federal Bureau of Investigations), UMC is reviewing current practices and safeguards to identify what</p>	S 514		

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S 514	<p>Continued From page 10</p> <p>changes can be implemented. Actions taken to date: (Bureau of Health Care and Quality Compliance (BHCQC) Note: There was no indication of the dates of implementation of these actions.)...</p> <p>...2. A copy of face sheets from Standard Register for all Trauma patients admitted on 10/31/09 and 11/01/09 was compiled by PAS Operations Manager, provided to Audit staff.</p> <p>3. Audit staff reviewed the audit logs in Standard Register for all motor vehicle and motorcycle patients.</p> <p>4. All patients, guarantors, spouse/parent, relative/other identifiers were listed with addresses.</p> <p>5. Directors of Trauma Services and Public Safety conducted a physical review of the Trauma areas...</p> <p>...8. Assistant Chief Information Officer provided a list of all users with access to Standard Register.</p> <p>Actions to be taken: (BHCQC Note: There was no indication of the target implementation dates of these actions.)</p> <p>-Xerox machines - The use of specific user codes will be required to operate...</p> <p>...-Review current number of face sheets provided for admit type, verify minimally needed are printed.</p> <p>-Mask all Social Security Numbers in Standard Register, then progress to all other electronic systems containing the SSN (social security numbers).</p> <p>-Review current users with access to MS4 Account inquiry to confirm legitimate business need, revise as necessary...</p> <p>...-Secure Trauma Registration area with a door control and a lock for the cabinets used to store patient information..."</p>	S 514			

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S 514	<p>Continued From page 11</p> <p>There was no evidence the facility took action following identification in the Data Breach Analysis to:</p> <ul style="list-style-type: none"> - Secure the Trauma Unit Registration Unit with a door control and cabinet lock (surveyor observation); - Secure the Xerox machines (surveyor observation); - Verify the minimal number of face sheets necessary to be printed (interview with Chief Operating Officer (COO) and Chief Nursing Officer (CNO)); - Mask the social security numbers (interview with COO and CNO); and - Confirm legitimate business need for current users with access to the computer systems which contain patients' private health information (interview with COO and CNO). <p>Interview 12/7/09</p> <p>Interview on 12/7/09, in the afternoon with the Director of Medical Records indicated that it was the general practice of the Trauma ER (Emergency Room) registration clerk to print out between 3 to 5 face sheets upon admission to the emergency room. Upon questioning why at least 6 face sheets were missing from the original 28 patient charts reviewed by the surveyors, the Director of Medical Records stated, "It's not uncommon. They come up missing all the time. If the face sheet isn't in the bucket with the rest of the packet, medical records just prints another one when they reconcile the whole chart. They print out about three to five record face sheets when the packet goes to different doctors and departments. Sometimes they pull the face sheets with all the information because it's easier and has all the patient's information. Any one of the nurses or</p>	S 514			

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S 514	<p>Continued From page 12</p> <p>UMC staff can pull the face sheet."</p> <p>Interview / Observation 12/8/09</p> <p>On 12/8/09 in the afternoon from 2:30 PM until 3:30 PM, during tour of the Trauma Emergency Room Unit, the Adult Services Emergency Room Unit, and the Department of Medical Records with the Director of Trauma Services, there were inconsistent responses by staff regarding where the Trauma records were stored and when they were moved.</p> <p>1. Trauma Emergency Room:</p> <p>A registration clerk indicated there were generally 4 copies of the face sheets printed at the patient's admission to the unit. The clerk stated, "Four are printed out normally, but more as necessary for the number of doctors. We can always print out more if needed. Once a face sheet leaves here, it can go anywhere."</p> <p>The same registration clerk indicated that the patients' packets of records were picked up by admitting office clerks at 3:00 AM each day: "Around three in the morning we have an office clerk pick up everything there and bring it to the bucket. The bucket is then taken to the Adult ER."</p> <p>The registration clerk indicated that there were loose copies of the patients' face sheets stored in an unlocked cabinet near the door and accessible to staff entering and leaving the registration office.</p> <p>2. Adult Services Emergency Room:</p> <p>Upon tour, the Director of Trauma Services</p>	S 514		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS666HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/12/2009
NAME OF PROVIDER OR SUPPLIER U M C OF SOUTHERN NEVADA		STREET ADDRESS, CITY, STATE, ZIP CODE 1800 WEST CHARLESTON BLVD LAS VEGAS, NV 89102		
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S 514	<p>Continued From page 13</p> <p>indicated he did not know whether the Trauma ER patient records were collected and stored in the same bucket as the Adult Services ER patient records.</p> <p>The registration clerk indicated there were loose copies of the patients' face sheets stored in an unlocked cabinet in the registration office.</p> <p>3. Department of Medical Records:</p> <p>Upon tour of the Department of Medical Records, staff indicated they did not know whether the Trauma ER patient records were collected from and stored in the same bucket as the Adult Services ER patient records.</p> <p>Additionally, interview regarding the specific flow of the collection, transfer, and storage of the Trauma ER patient records and the Adult Services ER patient records revealed there was no consensus by department supervisors regarding the time, days, and title of the persons in the Medical Records Department who would collect the patient records. One staff member stated that the Trauma ER patient records were brought to the Medical Records Unit on Mondays. Another staff member stated she was unsure as to the days and times in which the patient records were collected and transferred to the Medical Records Unit, and only knew the process once they were received in the unit. A third staff member indicated she did not know where the patient records from the Trauma ER were located (as of 3:00 PM on 12/8/09), stating, "I don't know where the records are from the seventh. I don't have them."</p> <p>Severity: 2 Scope: 2</p>	S 514		

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